

## State of Rhode Island

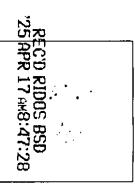
**Department of State - Business Services Division** 

Annual Report for the year: 2025 **Limited Liability Company** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



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Entity ID Number	2. Exact name of the Limited Liability Company				
151022	RCFLL, LLC	RCFLL, LLC			
3. NAICS Code	4. Brief description of the	Brief description of the character of business conducted in Rhode Island     Hold and benefit from certain investments in real property and any other lawful purpose			
531390	Hold and benefit fro				
5. State of Formation	lawful purpose				
Rhode Island	}				
6. Principal Office Address	<b>.</b> .	City	State	Zip	
99 Hartford Avenue		Providence	RI	02909	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person	· · · · · · · · · · · · · · · · · · ·		
Contact Name Christopher M. Byrnes		Contact Title Manager			
Street Address 99 Hartford Avenue		City Providence	State RI	<sup>Z<sub>ip</sub></sup> 02909	
8. The Resident Agent infor	mation currently of record with the	he RI Department of State is accur	rate. Changes requir	e filing Form 642	
	y, I declare and affirm that I ha tatements contained herein ar	eve examined this report, include true and correct.	ing any accompany	ving schedules and	
Name of Authorized Person			Date / /		
Christopher M. Byrne	es		3/2	25	
Signature of Authorized Per	son	)			

FILED

APR 17 2025

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov